

Wisconsin Department of Safety and Professional Services

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

WALL CERTIFICATE WITH WALLET CARD OR GOVERNOR-SIGNED WALL CERTIFICATE REQUEST FORM

(Please allow 7 to 10 business days for processing.)

CUSTOMER INFORMATION:

Name of Credential/License Holder:

Credential/License Number(s):

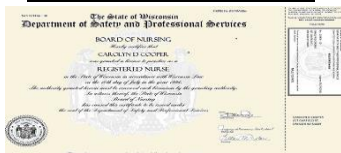
Profession(s):

REQUIRED PAYMENT INFORMATION:

Mark the appropriate box(es) to indicate type of certificate:

- ☐ Wall Certificate with Wallet Card (\$10.00 per certificate)
☐ Governor Signed Wall Certificate (\$10.00 per certificate)

Wall Certificate with Wallet



Governor Signed Certificate



☐ Indicate Specialty to be Printed (if any)

Note: Not all specialties are available for printing. These certificates may be printed in the same format from your personal computer.

Required Information for Processing: You must provide a mailing address and a daytime phone number.

Name of Card Holder:

☐ Same as Customer listed above.

Address to send certificate(s):

(street, city, state, and zip)

Daytime Phone Number:

Email Address:

TOTAL AMOUNT TO CHARGE: \$

**DSPS is only authorized to charge the amount listed.
Incorrect amounts will cause delays in processing.**

Cardholder's Address:

(street) (city) (state) (zip code)

Credit Card Number:

(credit card number fields)

Expiration Date:

(expiration date fields)



Security Code: (please list)

(security code fields)

I understand by signing below, I authorize the State of Wisconsin Department of Safety and Professional Services to charge my credit card for the above amount and a 2% convenience fee assessed at the time of processing.

Cardholder's Signature:

(signature line)

For Receipting Purposes

DSPS uses RightFax to ensure safe and secure transmission of your payment information.